

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
O. BOX 942732
SACRAMENTO, CA 94234-7320



(916) 657-1460

August 1, 1996

PPL No. 96-015

All County Medi-Cal Administrative Activities/
Targeted Case Management Coordinators and
Advisory Committee Members

STANDARDIZED FORMAT, DESCRIPTIONS, AND INSTRUCTIONS FOR PREPARING
THE MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

The purpose of this transmittal is to provide all local governmental agencies (LGAs) participating in Medi-Cal Administrative Activities (MAA) with the publication titled "Preparing the Medi-Cal Administrative Activities Claiming Plan." A bound copy, to be kept by the LGAs as a reference document, and an unbound copy that may be duplicated and disseminated to claiming units to prepare MAA claiming plans are enclosed.

Following the review of the claiming plans submitted to the Department of Health Services (DHS) earlier this year, it was determined by the federal Health Care Financing Administration (HCFA) that the information provided in the claiming plans was not detailed or specific enough. As a result, HCFA was unable to grant their approval of the claiming plans. In order to correct this problem, the DHS in cooperation with staff from HCFA, Host County Liaison, Cathleen Gentry, and Advisory Committee Co-Chair, Jim DeAlba, developed a standardized claiming plan format along with descriptions and instructions for each of the allowable MAA. The standardized format is to be used by all participating LGAs intending to claim for the performance of MAA. By presenting the information in accordance with the instructions found on the reverse of each claiming plan form, LGAs will provide sufficient information for DHS and HCFA to make a determination on the allowability of activities performed. LGAs that have claiming plans on file with the DHS will have their claiming plans returned and will be instructed to resubmit their claiming plans using the standardized format. Claiming plans will be disapproved if they are not submitted in the standardized format.

Claiming plans for the entire LGA should be submitted as a comprehensive package; however, DHS is willing to accept and review partial claiming plan packages under the conditions specified below. Please note that the claiming plan package will not be forwarded to HCFA for approval until all elements have been received and approved by DHS.

- LGAs must attach a cover letter that notifies the DHS that the submission is a partial claiming plan package and includes an explanation for the delay in submitting all claiming plans.

All County Medi-Cal Administrative Activities/
Targeted Case Management Coordinators and
Advisory Committee Members

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- Two copies of the partial-claiming plan package must be submitted. One copy must be submitted in a three-ring binder.
- The partial claiming plan must contain a table of contents that lists all claiming units that will be submitting individual claiming plans. If a claiming unit's claiming plan cannot be submitted, indicate this by writing "To follow by (date)" next to the name of the claiming unit.
- The partial claiming plan must include a county/chartered city organizational chart.
- All claiming units' claiming plans must include the required documents.

Claiming plans prepared in accordance with the enclosed standardized format and instructions and submitted to the DHS on or before September 30, 1996, will be effective retroactive to July 1, 1995. Claiming plans or amendments to claiming plans that are submitted after September 30, 1996, will become effective no earlier than the first month of the quarter in which they were submitted. For example, a claiming plan submitted October 15, 1996, will be effective October 1, 1996.

If you have any questions regarding this matter, please contact the analyst assigned to your LGA.

Sincerely,



Darryl Nixon, Chief *for*
Medi-Cal Benefits Branch

Enclosure

cc: Cathleen Gentry
Host County Liaison
455 Pine Avenue
Half Moon Bay, CA 94019

Targeted Case Management:	
Medi-Cal Administrative Activities:	X
Policy Effective Date:	July 1, 1995
Policy Reference:	Welfare and Institutions Code, Section 14132.47

PREPARING THE MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

(Standardized Formats Including Descriptions And Instructions)

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
D. BOX 942732
SACRAMENTO, CA 94234-7320



August 1, 1996

TO ALL USERS:

To assist users in the preparation of claiming plans, the Department of Health Services (DHS) has produced the publication titled "Preparing the Medi-Cal Administrative Activities Claiming Plan."

In accordance with Welfare and Institutions Code Section 14132.47, all local governmental agencies (LGAs) participating in the Administrative Claiming Process program, more commonly referred to as Medi-Cal Administrative Activities (MAA), are required to prepare a claiming plan. Claiming plans must contain comprehensive information on each of the MAA performed and are to be prepared for each claiming unit engaged in the performance of MAA.

Completed claiming plans are to be submitted to the DHS for review. The DHS reviews the claiming plans to determine whether the information provided clearly describes the MAA performed and that the information is provided in accordance with the format and instructions contained in this publication. Once approved by the DHS, the claiming plans are submitted to the federal Health Care Financing Administration for their approval. LGAs are notified in writing by the DHS of the approval/disapproval of their claiming plan. After receiving approval of their claiming plan, LGAs may invoice the DHS for reimbursement of the costs of performing MAA contained in the approved claiming. The DHS will issue separate instructions for completing the MAA Invoice. The LGA's invoices must be submitted in accordance with the MAA invoice instructions.

LGAs are advised to follow the instructions provided in this publication, and to prepare claiming plans in the prescribed format. For information regarding this publication or to request additional forms, please submit your request in writing to:

Department of Health Services
Patient Access Unit
714 P Street, Room 1640
Sacramento, CA 95814

Sincerely,

A handwritten signature in dark ink, appearing to read 'Darryl Nixon'.

Darryl Nixon, Chief *for*
Medi-Cal Benefits Branch

ACKNOWLEDGEMENTS

The Department of Health Services would like to acknowledge the following individuals for contributing their expertise in Medi-Cal Administrative Activities claiming in the development of this publication. Representing the federal Health Care Financing Administration: William Lasowski, Tom Coupar, Richard Strauss, and Larry Lee. Representing the Department of Health Services: Mervin Tamai, Elizabeth Unger, Roberta Ward, Esq., and Pat Kinney. Representing the Local Governmental Agencies' Advisory Committee: Jim DeAlba. Host County Liaison, Cathleen Gentry.

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(See requirements and instructions on reverse.)

(Refer to Attached Pages _____ to _____)

CLAIMING PLAN REQUIREMENTS

In order for local governmental agencies (LGA) to receive federal matching funds for performing allowable Medi-Cal Administrative Activities (MAA), each LGA is required to submit a comprehensive MAA claiming plan package to the Department of Health Services (DHS) for review and approval by DHS and the federal Health Care Financing Administration (HCFA). A claiming plan package consists of separate claiming plans for each claiming unit performing MAA. LGAs must submit two claiming plan packages to the DHS. One set must be submitted in a three-ring binder. The second set will be forwarded to HCFA for their review.

A claiming plan and any subsequent amendments will remain in effect from year to year. A claiming plan must be amended each time the scope of MAA is significantly changed or a new type of activity is undertaken. For example, a claiming plan must be amended when a new outreach campaign or program is instituted, or a new claiming unit performing MAA is created. An LGA may submit amendments to any of its claiming plans at any time. Amendments are subject to DHS and HCFA approval. The DHS will notify LGAs in writing of the approval/disapproval of all amendments. Claims should only be made under amended claiming plans when these have been approved and are effective for the period claimed.

The effective date of the approved claiming plan and any subsequent amendments shall be no earlier than the first day of the calendar quarter in which the claiming plan is submitted.

To facilitate the review process, a standardized claiming plan format, for use by LGAs and claiming units, has been developed and is included with the instructions. This format must be utilized by LGAs intending to claim MAA.

Following the submission of claiming plans or amendments to the DHS, the DHS will review the claiming plans or amendments and forward the results of their review along with one set of the claiming plans or amendments to HCFA for their review. HCFA will notify the DHS in writing of the results of their review. DHS will notify the LGAs in writing of the approval/disapproval of their claiming plans or amendments. The DHS will provide technical assistance to LGAs, upon request, in the event of disapproval.

Invoices submitted to the DHS without an approved claiming plan or that do not agree with the approved claiming plan in effect for the period claimed or that do not agree with the MAA invoice instructions will be rejected.

INSTRUCTIONS FOR LOCAL GOVERNMENTAL AGENCIES (COUNTY OR CHARTERED CITY)

Attach to the front of the entire claiming plan package:

1. A table of contents, listing by section, each claiming unit included in the claiming plans.
2. A county/chartered city organization chart showing all departments, programs, and subcontractors participating in MAA.

Complete page 1 of the standardized claiming plan by entering:

1. The name of the LGA.
2. The LGA's address.
3. The MAA/TCM coordinator's phone number.
4. The typed name of the MAA/TCM coordinator.
5. The signature of the MAA/TCM coordinator.
6. The title of the MAA/TCM coordinator.
7. The date the claiming plan package is signed.

Claiming plan packages are to be submitted to:

Department of Health Services
Patient Access Unit
714 P Street, Room 1640
Sacramento, CA 95814

NOTE: It is recommended that claiming plan packages be submitted by express mail service in order to ensure delivery.

CLAIMING UNIT FUNCTIONS

(1) LOCAL GOVERNMENTAL AGENCY: _____ SUBMITTAL DATE: _____
(COUNTY OR CHARTERED CITY)

[illegible]

A = Medi-Cal Outreach A (Not Discounted)
B = Medi-Cal Outreach B (Discounted)
C = Facilitating Medi-Cal Application (Not Discounted)
D = Medi-Cal Non-Emergency, Non-Medical Transportation

E = Contracting for Medi-Cal Services
F = Program Planning and Policy Development
G = MAATCM Coordination and Claims Administration

DHS USE ONLY

CP Reference No. _____ Original Approval Date: _____ Amendment Approval Date: _____

INSTRUCTIONS FOR CLAIMING UNIT

Methods for Allocating Costs

In order for local governmental agencies (LGAs) to claim the costs of Medi-Cal administrative activities (MAA) performed by the reporting claiming units, the following methods for allocating costs have been approved by the Department of Health Services (DHS):

1. Employee time studies.
2. Direct charges. Direct charging based on employee salaries must be supported by a signed certification statement (included on the direct-charge worksheet). Direct charging for non-salaried costs must be supported by receipts for actual costs incurred.

Using the Standardized Claiming Plan Format

On the following pages, forms for each of the allowable MAA are provided. A description of the MAA and instructions for preparing the claiming plan are on the reverse of each form. The forms may be used by claiming units for the preparation of claiming plans. The claiming plan information must be presented in the same order as requested in the instructions.

Each claiming unit is required to provide the information requested beginning on page 3 of the standardized claiming plan format. (The numbers shown below correspond to the numbers shown on page 3 of the standardized claiming plan format.) Complete page 3 of the standardized claiming plan by entering:

1. The name of the LGA, and the claiming plan submittal date.
2. The name of the claiming unit performing MAA.
3. The total number of staff employed in the claiming unit.
4. The claiming unit's address.
5. The name of the claiming unit contact person.
6. The address of the claiming unit contact person.
7. The phone number of the claiming unit contact person.
8. A brief description of the specific functions performed by the claiming unit.
9. The job classifications for each of the staff who completed a time study or whose costs will be direct charged for the performance of MAA and for which an invoice will be submitted. If some staff in a classification are considered skilled professional medical personnel (SPMP) and other staff are considered nonSPMP, enter the information for SPMP staff on one line and enter the information for nonSPMP staff in the same job classification on a separate line.
10. The number of staff who are SPMP or non SPMP.
11. The number of staff performing MAA by type of activity.

Each claiming unit must attach to its claiming plan:

1. The documents required to support each of the MAA the LGA intends to claim for federal matching funds. The documents required are listed on the instructions provided for each MAA. Identify the MAA supported by each submitted document by placing on the front of each document the letter assigned to the MAA. The letters assigned to the MAA are listed at the bottom of page 3. For example A=Medi-Cal Outreach A, B=Medi-Cal Outreach B, C=Facilitating Medi-Cal Application, etc. Next to the MAA letter place the number of the document. For example if three documents are submitted to support the activity Medi-Cal Outreach A, separately number the documents as A-1, A-2, and A-3.
2. Position descriptions and/or duty statements for each staff performing the MAA identified in the claiming plan. The position descriptions and/or duty statements must clearly show the performance of the MAA identified in the claiming plan as being part or all of the employees' duties. The MAA duties described on the position descriptions and/or duty statements must be clearly identified. To clearly identify the MAA duty, place next to each MAA duty the letter assigned to the MAA. The letters assigned to the MAA are listed at the bottom of page 3. For example A=Medi-Cal Outreach A, B=Medi-Cal Outreach B, C=Facilitating Medi-Cal Application, etc.

(A) MEDI-CAL OUTREACH A
- NOT DISCOUNTED -

(Attach additional pages if needed. See description and instructions on reverse side.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date: _____

Amendment Approval Date: _____

**MEDI-CAL OUTREACH A
- NOT DISCOUNTED -**

DESCRIPTION

Medi-Cal Outreach A is a campaign, program, or ongoing activity that is targeted to:

1. Bringing potential eligibles into the Medi-Cal system for the purpose of determining Medi-Cal eligibility.
2. Bringing Medi-Cal eligible people into Medi-Cal services.

Medi-Cal Outreach A is a campaign or programs that is directed toward:

1. The general population for the purpose of providing information about the Medi-Cal program in order to encourage those individuals who may be eligible for Medi-Cal to apply for Medi-Cal.
2. Bringing Medi-Cal eligibles into specific Medi-Cal covered services, such as Early and Periodic Screening, Diagnosis and Treatment [EPSDT] (known in California as Child Health and Disability Prevention Program [CHDP]). In such campaigns the language should clearly indicate that the message is directed only to persons eligible for Medi-Cal and not the general public. These campaigns are service campaigns, targeted specifically to Medi-Cal services.

NOTE:

- Public health campaigns that contain a discrete segment targeted only to bringing Medi-Cal eligibles into Medi-Cal covered services may be claimed as Outreach A only for the targeted segment.
- Information and referral activity that involves referring Medi-Cal eligibles to Medi-Cal providers, or referring potential Medi-Cal eligibles exclusively to Medi-Cal eligibility workers are allowable as Outreach A.
- Targeted Case Management (TCM) case managers, except in local educational agencies (LEAs), may perform Outreach A activities, as well as TCM, provided there is an accurate accounting and reporting of the time spent on each.

Subcontracting

The local governmental agency (LGA) may subcontract with non-governmental agencies or programs to conduct Outreach A. If the LGA chooses to direct charge the Outreach A performed by subcontractors, the contracts must clearly describe the Outreach A to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs, may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH A CLAIMING PLAN

For *each* campaign, program, or ongoing outreach, provide the following information. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach A performed. (Select from 1. and/or 2. shown above).
2. Provide a clear description of how each Outreach A activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the length of time of the Outreach A, i.e. days and/or hours.
5. Provide the location(s) where the Outreach A will be conducted.
6. Provide the number of times Outreach A will be conducted during the fiscal year or indicate if Outreach A is an ongoing activity.
7. If using other than time surveys, describe how the costs of Outreach A will be developed and documented.
8. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach A campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach A to be performed, how the time spent performing Outreach A will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid the contractor.

**(B) MEDI-CAL OUTREACH B
- DISCOUNTED -**

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

Methodology Approved for Calculating the Medi-Cal Discount: (Place checkmark next to methodology to be used.)

_____ Client Count

_____ Countywide Medi-Cal Average

_____ Check here if submitting unapproved methodology. Explain methodology below

DHS USE ONLY

CP Reference No. _____

Original Approval Date: _____

Amendment Approval Date: _____

**MEDI-CAL OUTREACH B
- DISCOUNTED -**

DESCRIPTION

Medi-Cal Outreach B is a campaign, program, or ongoing activity that is directed toward bringing both Medi-Cal and non-Medi-Cal persons into health care services. Since these campaigns are only allowable to the extent they bring Medi-Cal eligibles into Medi-Cal services, the following outreach activities must be discounted by the Medi-Cal percentage:

1. Campaigns directed toward bringing specific high-risk populations into health care services.
For example: Media or direct contact Outreach B campaigns directed to high-risk populations, such as low-income or substance-abusing pregnant women, diabetics, HIV-positive persons, TB cases, etc., when these campaigns target both Medi-Cal and non-Medi-Cal eligibles and the health care services are covered by Medi-Cal.
2. Telephone, walk-in, or drop-in services for the purpose of informing or referring persons, including Medi-Cal eligibles, to services covered by Medi-Cal.
3. Conducting specific Medi-Cal health education programs that are included as part of a broader general health education program. The Medi-Cal portion may be allowable if the cost of the general health education program is discounted according to the Medi-Cal percentage.

The approved methods to calculate the discount are (1) county-wide average, and (2) Medi-Cal actual client count. Local governmental agencies (LGAs) may use other reasonable methods to calculate the discount. The Department of Health Services (DHS) and the Health Care Financing Administration (HCFA) will review the methods during the review of the claiming plan.

NOTE: Targeted Case Management (TCM) case managers, except in local governmental agencies (LEAs), may perform Outreach B activities, as well as TCM, provided there is an accurate accounting and reporting of the time spent on each.

Subcontracting

The LGA may subcontract with non-governmental agencies or programs to conduct Outreach B. If the LGA chooses to direct charge the Outreach B performed by subcontractors, the contracts must clearly describe the Outreach B to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs, may not claim for the performance of both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL OUTREACH B CLAIMING PLAN

For each campaign, program, or ongoing Outreach B, provide the following information in the order requested. Identify the information by using the same numbering sequence as shown below:

1. Identify the type of Outreach B performed. (Select from 1, 2, and/or 3, shown above.)
2. Provide a clear description of how each Outreach B activity will be performed to achieve the objective.
3. Identify the population targeted.
4. Provide the method for calculating the Medi-Cal discount.
5. Provide the length of time of the Outreach B, i.e. days and/or hours.
6. Provide the location(s) where the Outreach B will be conducted.
7. Provide the number of times the Outreach B will be conducted during the fiscal year or indicate if Outreach B is an ongoing activity.
8. If using other than time surveys, describe how the costs of Outreach B will be developed and documented.
9. Provide the name(s) of the subcontractor(s), if applicable.

Documents Required

Attach to the claiming plan the following documents:

1. Flyers, announcements, or any materials that describe the Outreach B campaigns. If materials are unavailable when the claiming plan is submitted to the DHS, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Outreach B to be performed, how the time spent performing Outreach B will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

(C) FACILITATING MEDICAL APPLICATION (ELIGIBILITY INTAKE)
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE)

DESCRIPTION

This activity includes the following tasks separately or in combination: NOTE: this activity does not include the eligibility determination itself.

1. Explaining Medi-Cal eligibility rules and the Medi-Cal eligibility process to prospective applicants.
2. Assisting an applicant to fill out a Medi-Cal eligibility application.
3. Gathering information related to the application and eligibility determination/redetermination from a client, including resource information and third-party liability (TPL) information as a prelude to submitting a formal Medi-Cal application to the county welfare department.
4. Providing necessary forms and packaging all forms in preparation for the Medi-Cal eligibility determination.

NOTE: Targeted Case Management (TCM) case managers, except in local governmental agencies (LEAs), may perform Eligibility Intake activities, as well as TCM, provided there is an accurate accounting and reporting of the time spent on each.

Subcontracting

The local governmental agency (LGA) may subcontract with non-governmental agencies or programs to conduct Eligibility Intake. If the LGA chooses to direct charge the Eligibility Intake performed by subcontractors, the contracts must clearly describe the Eligibility Intake to be performed, the method used for determining direct charge claiming, and the dollar amount to be paid to the subcontractor.

Individual employees of subcontractors, including LEAs, may not claim for the performance of both TCM and Medi-Cal Administrative Activities (MAA).

The LGA may subcontract with non-governmental agencies or programs to conduct eligibility intake activities. TCM case managers, except in LEAs, may conduct eligibility intake, so long as there is an accurate accounting and reporting of the time spent on each. Individual employees of subcontractors may not perform both TCM and MAA.

INSTRUCTIONS FOR PREPARING THE FACILITATING MEDI-CAL APPLICATION (ELIGIBILITY INTAKE) CLAIMING PLAN

Provide the information listed below. Identify the information by using the same numbering sequence as shown below:

1. Identify the Eligibility Intake objective. (Select from 1, 2, 3, and/or 4, shown above).
2. Provide a clear description of how the Eligibility Intake activity will be performed to achieve the objective. For example, identify the staff performing the activity, describe what is performed, indicate when and where it is performed, and explain the purpose of performing it.
3. Indicate whether the Eligibility Intake is performed by the LGA's subcontractors or by claiming unit staff.
4. Provide the name(s) and address(es) of the subcontractor(s), if applicable.
5. If using other than time surveys, describe how the costs of the Eligibility Intake will be developed and documented.

Documents Required

Attach to the claiming plan the following documents:

1. Copies of any materials unique to or designed by the claiming unit for use in conjunction with this activity.
2. A list of subcontractors, if direct-charge invoices will be submitted.
3. Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.

(D) MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION

DESCRIPTION

This activity includes arranging and/or providing non-emergency, non-medical transportation of Medi-Cal eligibles to Medi-Cal services, and when medically necessary, accompaniment by an attendant. This activity is claimable only if the local governmental agency (LGA) incurs actual allowable costs, such as taxi vouchers, bus tokens, mileage, costs of vans, drivers, etc. If no actual cost is borne the activity cannot be claimed.

NOTE: This activity cannot be claimed if it is performed by a Targeted Case Management (TCM) case manager. The TCM rate includes the costs incurred by case managers for arranging and/or providing transportation for, and/or accompanying Medi-Cal eligibles to Medi-Cal services.

In situations where a LGA operates a separate transportation unit or contracts for the provision of transportation services, the costs of the unit or the contractor of actually providing the Medi-Cal non-emergency, non-medical transportation services for Medi-Cal eligibles to Medi-Cal services is an allowable Medi-Cal administrative cost. Costs may be calculated on a per mile or per trip basis for each Medi-Cal client transported or by any other reasonable method.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL NON-EMERGENCY, NON-MEDICAL TRANSPORTATION CLAIMING PLAN

For *each* type of transportation performed, provide the following information: Identify the information by using the same numbering sequence as shown below.

1. Individually list and clearly describe each allowable type of transportation activity: (a) Arranging non-emergency, non-medical transportation; (b) Providing non-emergency, non-medical transportation; and (c) Accompanying Medi-Cal eligibles to Medi-Cal services.
2. Provide a clear and specific description of how each type of transportation activity will be performed to achieve the objective.
3. Provide the name(s) of the subcontractor(s) performing the transportation, if applicable.
4. Provide the method used to determine time and costs when the activity is performed by claiming unit staff or by subcontractors, and how the cost is calculated.

Documents Required

Attach to the claiming plan the following documents:

1. Copies of those sections of contracts that clearly describe the transportation to be performed; how the time spent performing the transportation will be documented; how the transportation will be charged, e.g., per mile, per trip, etc.; how the rate is calculated; and that show the effective date of the contract.
2. Documents that support the calculation of transportation costs. For example: sales receipts for vans, salary schedules for drivers, etc.

(E) CONTRACTING FOR MEDICAL SERVICES AND MEDICAL ADMINISTRATIVE ACTIVITIES

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES

DESCRIPTION

This activity involves entering into contracts with community-based organizations or other provider agencies for the provision of Medi-Cal services and/or Medi-Cal Administrative Activities (MAA), other than Targeted Case Management (TCM). The costs of TCM subcontractor administration should be included in the TCM rate.

NOTE: Local governmental agencies (LGAs) have the option of claiming the costs of contract administration for allowable MAA, such as Outreach, under that activity or the costs may be claimed under Contract Administration. Under no circumstances are the costs of contract administration for allowable MAA to be claimed under both Contract Administration and the activity, such as Outreach. Contracting for Medi-Cal Services may only be claimed under Contract Administration.

Contracting for Medi-Cal Services and/or MAA is claimable as MAA under activity "E" when the administration of those contracts meets all of the following criteria:

1. The contract administration is performed by an identifiable unit of one or more employees, whose tasks officially involve contract administration, according to their job position descriptions.
2. The contract administration involves contractors that provide Medi-Cal services and/or MAA.
3. The contract administration is directed to one or more of the following goals:
 - a. Identifying, recruiting, and contracting with community agencies as Medi-Cal services and/or MAA contract providers.
 - b. Providing technical assistance to Medi-Cal subcontractors regarding county, state, and federal regulations.
 - c. Monitoring provider agency capacity and availability.
 - d. Ensuring compliance with the terms of the contract.

Discounted Costs

The contracts being administered must be for Medi-Cal services and/or MAA and may involve Medi-Cal populations only or may involve Medi-Cal and other indigent, non-Medi-Cal populations. When the contract involves a Medi-Cal and non-Medi-Cal population, the costs of contract administration may be discounted by the Medi-Cal percentage. In addition, another reasonable basis may be used by LGAs for apportioning the time of employees who administer contracts involving Medi-Cal and non-Medi-Cal activities and services.

Direct Charge

If employees perform contract administration 100 percent of their time, the activity should be claimed on the direct-charge portion of the MAA invoice.

Not Claimable under MAA

1. TCM case managers and LGA subcontractors, except for school district staff, *cannot* claim contract administration. Contract administration must be a LGA function. Schools may contract for Medi-Cal services in connection with the local educational agency billing option.
2. The costs of contracting for TCM services with non-LGA providers should be claimed as part of the TCM rate. These costs cannot be separately claimed as MAA.
3. The administrative costs of contracting by LGAs as service providers under managed care arrangements may not be claimed as MAA and are considered to be in the capitation payment to the LGA.

INSTRUCTIONS FOR PREPARING THE CONTRACTING FOR MEDI-CAL SERVICES AND MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLAN

1. Individually list each type of contract administered by the claiming unit and describe how staff perform contract administration for each contract listed.
2. For each contract, indicate whether the contract is for Medi-Cal populations only or for a combination of Medi-Cal and non-Medi-Cal populations.
3. For those contracts that combine both Medi-Cal and non-Medi-Cal populations, indicate the Medi-Cal population served by each contract and the methodology used for determining the Medi-Cal percentage.
4. For each contract, explain the method for allocating time spent by employees between Medi-Cal and non-Medi-Cal contract functions, if this method of discounting will be used.

Documents Required

Attach to the claiming plan the following documents:

- Copies of a sample of the contracts being administered.

(F) PROGRAM PLANNING AND POLICY DEVELOPMENT
(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

CP Reference No. _____

Original Approval Date:

Amendment Approval Date:

PROGRAM PLANNING AND POLICY DEVELOPMENT

DESCRIPTION

This activity is directly claimable only if the activity is performed by a unit of one or more employees who spend 100 percent of their paid working time performing program planning and policy development and whose tasks officially involve program planning and policy development, and those tasks are identified in the employees' position descriptions/duty statements. If the programs serve both Medi-Cal and non-Medi-Cal clients, the costs of program planning and development activities must be allocated according to the Medi-Cal percentages being served by the programs. Because employees perform this activity 100 percent of their paid working time, their costs may be claimed on the direct-charge portion of the Medi-Cal Administrative Activities (MAA) invoice.

The costs of employees who spend less than 100 percent of their paid working time performing program planning and policy development should be included in the *general administration* category, which must be allocated on the MAA invoice.

In counties with county-wide managed care arrangements, program planning and policy development activities are claimable as MAA only for those services that are excluded from the managed care contracts.

Under the conditions specified above, the following tasks are allowable as MAA:

1. Developing strategies to increase Medi-Cal system capacity and close Medi-Cal service gaps. This includes analyzing Medi-Cal data related to a specific program or specific group.
2. Interagency coordination to improve delivery of Medi-Cal services.
3. Developing resource directories of Medi-Cal services/providers.

Not Allowable

1. This activity is not allowable if staff performing this function are employed by local governmental agency (LGA) service providers, such as clinics. These costs are assumed to be included in the billable fee-for-service rate and separate administrative claiming is not allowed.
2. Program planning and policy development activities are not allowable MAA when performed by Targeted Case Management (TCM), case managers or LGA subcontractors.

INSTRUCTIONS FOR PREPARING THE PROGRAM PLANNING AND POLICY DEVELOPMENT CLAIMING PLAN

1. Individually list each type of allowable Program Planning and Policy Development performed by the full-time staff.
2. Provide the location(s) where the activity(ies) is performed.
3. If the activity is performed in the LGA's health department, identify the health programs involved.
4. Explain how the Medi-Cal percentage will be determined.
5. Explain the method for determining time and costs.

Documents Required

Attach to the claiming plan the following documents:

- Resource directories, if available, and a list of service providers that are involved with tasks 1, 2, and 3 above developing strategies, interagency coordination, and developing resource directories.

**(G) MEDICAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT COORDINATION AND
LOCAL GOVERNMENTAL AGENCY CLAIMS ADMINISTRATION**

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

Submittal Date:

Local Governmental Agency:

DHS USE ONLY

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Amendment Approval Date:

MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT COORDINATION AND LOCAL GOVERNMENTAL AGENCY CLAIMS ADMINISTRATION

DESCRIPTION

The Medi-Cal Administrative Activities (MAA)/Targeted Case Management (TCM) Coordinator and claims administration staff may claim the costs of the following activities, as well as any other reasonable activities directly related to the local governmental agency's (LGA) administration of TCM services and MAA at the LGA-wide level. All of these activities must be detailed in the claiming plan.

1. Drafting, revising, and submitting MAA claiming plans, and TCM performance monitoring plans.
2. Serving as liaison with claiming programs within the LGA and with the state and federal governments on MAA/TCM. Monitoring the performance of claiming programs.
3. Administering LGA claiming, including overseeing, preparing, compiling, revising, and submitting TCM and MAA claims on an LGA-wide basis to the state.
4. Attending training sessions, meetings, and conferences involving TCM and/or MAA.
5. Training LGA program and subcontractor staff on state, federal, and local requirements for MAA/TCM claiming.
6. Ensuring that MAA and TCM claims do not duplicate Medi-Cal claims for the same activities from other providers. This includes ensuring that services are not duplicated when a Medi-Cal beneficiary receives TCM services from more than one case manager.

Direct Charge

LGA employees whose position descriptions/duty statements include the administration of TCM and MAA on a LGA-wide basis may claim directly for the costs of these activities on the MAA invoice as a direct charge.

In addition, costs incurred in preparation and submission of MAA claims at any level, including staff time, supplies, and computer time, may be direct charged. If the MAA/TCM Coordinator and/or claims administration staff are performing this function part-time, along with other duties, the MAA/TCM Coordinator and/or claims administration staff must certify the percentage of total time spent performing the duties of MAA/TCM coordination and/or claims administration. (Do not assign a percentage of time spent on each allowable activity. Provide only the total percentage of time spent performing all the applicable activities listed in numbers 1 through 6 above.) The percentage certified for the MAA/TCM Coordinator/claims administration staff activities must be used as the basis for federal claiming.

NOTE: The costs of the MAA/TCM Coordinators' time and claims administration staff time must not be included in the TCM rate or in MAA claiming, since the costs associated with the time are to be direct charged. Charges for supervisors, clericals, and support staff for these employees may be allocated based upon the percentage of certified time of the MAA/TCM Coordinator and claims administration staff. The costs of TCM claiming activity at the TCM provider level are to be included in the TCM rate.

INSTRUCTIONS FOR PREPARING THE MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT COORDINATION AND LOCAL GOVERNMENTAL AGENCY CLAIMS ADMINISTRATION CLAIMING PLAN

1. Individually list each type of allowable MAA/TCM coordination and claims administration performed and describe how staff perform this activity.
2. Indicate whether staff perform this activity part-time in addition to other duties.
3. Describe the method that will be used for claiming, i.e. direct charge or time studies.
4. Indicate whether any claims preparation activity is being performed by contractors or consultants.

Documents Required

- Attach copies of any contracts entered into for the performance of LGA claims administration.

TRAINING

(Attach additional pages if needed. See description and instructions on reverse.)

Claiming Unit:

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TRAINING

DESCRIPTION

Training, which may be given or received, includes training in general Medi-Cal program overview, such as: Services and changes in services; specific Medi-Cal Administrative Activities (MAA), e.g., Outreach, Eligibility Intake, etc.; general managed care program overview; completing MAA time studies and reporting requirements; and technical updates on Medi-Cal eligibility. Training must be related to the performance of MAA and must be claimed to the activity it relates to, e.g., Outreach, Eligibility Intake, etc. If the training is related to the performance of MAA and overlaps several MAA categories, the training time may be divided among the individual MAA categories it relates to. Training unrelated to the performance of MAA must be charged to the related program, e.g., Targeted Case Management (TCM), Maternal and Child Health (MCH), Child Health and Disability Prevention (CHDP), etc.

The only skilled professional medical personnel (SPMP) administrative training activities that are allowable at the 75 percent federal financial participation (FFP) rate are those that directly relate to the SPMP's performance of his or her allowable SPMP administrative activities. Reimbursement cannot be claimed for medical or health-related training provided to or conducted by an SPMP. Training for SPMPs and nonSPMPs that is directly related to MAA that are nonenhanced is matched at the 50 percent FFP rate.

INSTRUCTIONS FOR PREPARING THE TRAINING CLAIMING PLAN

1. Individually list (by course title, if applicable) and clearly describe each allowable type of training activity and how it relates to the MAA.
2. The frequency of the training.
3. The approximate number of staff who, as a part of their job, perform the training. (Position descriptions/duty statements must list training as one of their duties.)
4. Indicate for each training course the approximate number of staff expected to attend the training course during the fiscal year.
5. Describe the method of determining time and costs for this activity when it is performed in-house or by subcontractors.

Documents Required

Attach to the claiming plan the following documents:

1. A list of subcontractors, if direct-charge invoices will be submitted.
2. Copies of those sections of the contracts that clearly describe the Training to be performed, how the time spent performing the Training will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining the direct-charge claiming, i.e. the amount charged per student or session.

**DOCUMENTS REQUIRED FOR EACH
MEDI-CAL ADMINISTRATIVE ACTIVITY**

<p>A - Medi-Cal Outreach A (Not Discounted) B - Medi-Cal Outreach B (Discounted)</p>	<p>Flyers, announcements, or any materials that describe the outreach campaigns. If materials are unavailable at the time of submission of the claiming plan, provide a statement that gives the location of where materials will be maintained for future DHS and HCFA review.</p> <p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A list of subcontractors, if direct-charge invoices will be submitted.</p> <p>Copies of those sections of the contract that clearly describe the outreach to be performed, how the time spent performing the outreach will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.</p>
<p>C - Facilitating Medi-Cal Application (Eligibility Intake)</p>	<p>Materials unique to or designed by the claiming unit for use in conjunction with this activity.</p> <p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A list of subcontractors, if direct-charge invoices will be submitted.</p> <p>Copies of those sections of contracts that clearly describe the Eligibility Intake to be performed, how the time spent performing the Eligibility Intake will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining direct-charge claiming (including application of the Medi-Cal percentage discount) and the dollar amount to be paid to the contractor.</p>
<p>D - Medi-Cal Non-Emergency, Non-Medical Transportation</p>	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Copies of those sections of contracts that clearly describe the transportation to be performed; how the time spent performing the transportation will be documented; how the transportation will be charged, e.g., per mile, per trip, etc.; how the rate is calculated; and that show the effective date of the contract.</p> <p>Documents that support the calculation of transportation costs. For example: sales receipts for vans, salary schedules for drivers, etc.</p>
<p>E - Contracting for Medi-Cal Services</p>	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Copies of a sample of the contracts being administered.</p>

**DOCUMENTS REQUIRED FOR EACH
MEDI-CAL ADMINISTRATIVE ACTIVITY
(CONTINUED)**

F - Program Planning and Policy Development	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Resource directories, if available, and a list of service providers that are involved with developing strategies, interagency coordination, and developing resource directories.</p>
G - MAA/TCM Coordination and Claims Administration	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>A certification statement from staff who perform this function in addition to other duties that indicates the percentage of total time spent performing this activity.</p> <p>Copies of any contracts entered into for the performance of LGA claims administration.</p>
Training	<p>Position descriptions/duty statements for the staff performing the MAA.</p> <p>Copies of those sections of the contracts that clearly describe the Training to be performed, how the time spent performing the Training will be documented, and that show the effective date of the contract. If direct charging, the contract must clearly show the method used for determining the direct-charge claiming, i.e. the amount charged per student or session.</p>